

Division of Health Care Facilities

TITLE: Executive Director (X6) DATE: 2/15/11

FEB 16 2011

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7102	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/03/2011
NAME OF PROVIDER OR SUPPLIER MASTERS HEALTH CARE CENTER INC			STREET ADDRESS, CITY, STATE, ZIP CODE 278 DRY VALLEY RD ALGOOD, TN 38501		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 643	<p>Continued From page 1 shortage.</p> <p>This Rule is not met as evidenced by: Based on review of personnel files, review of influenza vaccination program, and interview, the facility failed to obtain declination forms for five of five employees reviewed and failed to complete an annual review of the influenza vaccination program based on employees reasons for non-participation.</p> <p>The findings included:</p> <p>Review of five personnel files revealed no documentation the employees had received or declined the influenza vaccination.</p> <p>Interview with the infection control coordinator on February 3, 2011, at 10:00 a.m., in the staff development office, confirmed the facility offered the influenza vaccine to employees starting in October, and to everyone as they completed orientation, but did not require employees to complete declination forms. Continued interview confirmed the facility had not completed an annual review of the infuenza vaccination program, based on employees reasons of non-participation.</p>	N 643	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <hr/> <p>K052 Items were removed from central supply room and from front lobby immediately – Staff re-inserviced by 2/7/2011, 2/14/2011, 2/15/2011, 2/16/2011 and 2/17/2011 by environmental services and SDC. Sign will be posted in Central Supply and front lobby stating – do not block by 2/14/2011 by DNS. Daily rounds will be made by maintenance staff to assure no pull stations blocked. Pull stations will be checked for obstruction by maintenance staff monthly as part of the facility PM program for the fire prevention / detection system. Results will be reported to the PI committee (DNS, ED, UC, MDS coordinator, ADNS, Dietician, Environmental services supervisor, Admission Director, DSC MD quarterly) at it regular scheduled meetings for review and recommendation, as indicated</p>	2/28/2011	

FEB 16 2011